

**Iowa**  
**Medical Malpractice Annual Report**  
**For Calendar Year 2008**

December 2009  
Iowa Insurance Division

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## **Executive Summary**

The Iowa Insurance Division requested open and closed claim data for calendar year 2008 from licensed insurance companies pursuant to Iowa Code Section 505.27.

Licensed companies who wrote medical malpractice insurance in Iowa during the period from January 1, 2008, through December 31, 2008, were asked to provide specific data for claims closed during that period and separately those remaining open at the end of the year.

Data was reviewed for consistency within and between companies, and for completeness and reasonableness. The accuracy of the report depends on the accuracy of the data obtained from the companies.

The report provides a portrayal of Iowa's medical malpractice insurance market. Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$78,000. The average incurred amounts for all open claims were about \$383,000. An increase in average claim reserves for one of the companies that reported was a major cause of the size of change in average incurred amounts from last year to this year.

Of the specialty providers listed, Hospitals and Clinics or Corporations had the most number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, Family Practice had the highest average paid. Of open claims categories with 20 or more claims, Emergency Medicine and Hospital had the highest average incurred losses and allocated loss adjustment expenses.

For closed and open claims, Failure to Diagnose/Monitor/Treat and Treatment Related Cause produced more claims than any other listed alleged cause of loss. For categories with at least 20 claims, the costliest closed claims on average were for Pregnancy or Birth Related Problems claims and the open claims with the highest average incurred losses were from the Pregnancy or Birth Related Problems and the Wrong Diagnosis categories.

Most claims for closed were Temporary - Minor and Death claims. Most claims for open were Permanent - Major and Death claims. On average the costliest claims, paid or reserved, were those considered Grave. Average paid losses and expenses for closed claims by category ranged from less than \$12,000 to more than \$315,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$80,000 to more than \$2,400,000.

Minor rounding differences may exist, however no adjustments were made to the amounts reported.

The Division recommends that we monitor the progress of the NAIC model law regarding Medical Professional Liability Closed Claim Reporting and when it is completed evaluate the model law to determine whether it should be adopted in Iowa. If the model law is adopted in Iowa it would help produce data that is comparable with other states that have adopted the model law and would provide companies with consistent reporting requirements for states that have adopted the model law.

Statutory language requests that carriers report the total amounts paid within six months after final disposition of the claims. In the three years of collecting this information only a few companies have data to report and it provides no information about the overall market. Therefore, the Division recommends considering elimination of the requirement to report these amounts paid.

## **Introduction**

Pursuant to Iowa Code Section 505.27, the Iowa Insurance Division requested insurance companies report medical malpractice claim data for calendar year 2008.

Licensed insurers who wrote medical malpractice insurance in Iowa during 2008, were asked to provide data separately for any claims that closed during the year and any claims that were open at the end of the year.

### **Data Request**

The Division requested that companies submit data for each *claim* or *lawsuit*.

*Claims* were defined as formal or written demands for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

A *lawsuit* was defined as a complaint filed in any court in Iowa alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

Only direct business was to be included in the report. Adjustments for subrogation were to be made. Claims were to be reported separately for each insured associated with a claim; for each injured party associated with an incident; for each claimant that filed a claim for the same injury; and for each policy if filed under more than one policy. Reopened claims were to be reported considering only their final disposition date.

A copy of the data request is included at the end of this report.

## **Companies**

Licensed insurers who wrote medical malpractice insurance in Iowa during 2008, were required to provide data for claims that closed during the year or that were open at the end of the year. These insurers represented 74.5% of the medical malpractice market in Iowa as determined by their percentage of calendar year 2008 direct written premiums. Non licensed companies were 19.7% of the market and surplus lines companies were 5.7% of the market. The overall direct written premium in Iowa decreased over 18% from 2007 to 2008 and decreased over 22% from 2006 to 2008.

Page 7 shows a history of the market shares for companies that wrote medical malpractice business in 2008. The market shares were determined by dividing the company's written premium for the year by the total written premium for all companies in that year. The Division did not include companies that reported data, but did not have written premium in 2008 to maintain consistency with the data request.

The companies writing medical malpractice insurance in Iowa have changed from year to year. New companies start writing, others cease writing the business. From 2007 to 2008 8 companies (1 licensed) that didn't report written premium or reported \$0 in written premium in 2007 had positive written premium in 2008. Also 2 companies (1 licensed) that reported positive written premium in 2007 did not report written premium or reported \$0 in written premium in 2008. The premium volume that each company wrote also changed dramatically for some companies from year to year. Most of the business is written by a few companies, but even those companies have changed year to year and the market share written has shifted.

All of the companies required to comply with the data request responded either by providing the claims data or by stating that they had no applicable claims to report.

**Iowa Insurance Division**  
**Medical Malpractice Closed and Open Claim Report**  
**Market Shares of Licensed Companies with Written Premium and Reported Claims**

Company Name	Calendar Year 2004	Calendar Year 2005	Calendar Year 2006	Calendar Year 2007	Calendar Year 2008
Midwest Medical Insurance Company	35.5%	35.9%	36.5%	33.8%	39.0%
Physicians Insurance Company of Wisconsin, Inc.	19.6%	15.0%	15.6%	13.3%	12.5%
AMCO Insurance Company	3.2%	3.0%	2.8%	2.8%	3.2%
C N A Insurance Companies	1.9%	1.9%	2.1%	2.4%	3.0%
Medical Protective Company, The	3.8%	2.5%	2.3%	2.2%	2.7%
Preferred Professional Insurance Company	2.2%	2.4%	2.1%	2.2%	2.6%
MHA Insurance Company	0.0%	0.3%	1.0%	1.9%	2.4%
NCMIC Insurance Company	1.2%	1.3%	1.4%	1.6%	1.9%
ISMIE Mutual Insurance Company	3.5%	3.3%	1.0%	1.2%	1.2%
Podiatry Insurance Company of America, A Mutual Company	0.8%	0.9%	1.0%	1.0%	1.1%
Cincinnati Insurance Company, The	1.5%	1.2%	1.1%	1.0%	1.0%
Doctors Company, The	0.6%	0.4%	0.6%	0.4%	0.6%
Fireman's Fund Insurance Company	0.5%	0.4%	0.5%	0.5%	0.5%
National Union Fire Insurance Company of Pittsburg, PA	0.5%	0.3%	0.5%	0.4%	0.5%
COPIC Insurance Company	0.0%	0.5%	0.3%	0.4%	0.5%
ACE American Insurance Company	0.2%	0.3%	0.3%	0.4%	0.4%
Pharmacists Mutual Insurance Company	0.3%	0.3%	0.3%	0.3%	0.4%
Church Mutual Insurance Company	0.0%	0.1%	0.1%	0.1%	0.2%
ProNational Insurance Company	0.4%	1.2%	1.4%	1.4%	0.1%
Total	75.7%	71.2%	70.9%	67.3%	73.8%

## **Data**

All responses received were reviewed for consistency with the data request. Data elements were reviewed for completeness, reasonableness, and consistency with other data elements.

In cases where a company did not use the provided categories to identify claims, if a category could be reasonably assigned, that was done. Otherwise, the claim was listed in the Other/Unknown category. Any categories with less than five claims were combined and reported in total.

On the Benefits and Expenses by Company exhibits, companies with fewer than five claims were reported as a group. Page 25 shows the companies combined for the closed claim exhibits and for the open claim exhibits.

There were 7 claims that closed with total loss and allocated loss adjustment expenses above one million dollars and 49 open claims with incurred amounts above one million dollars. About 65% of those claims were between \$1,000,000 and \$2,000,000.



## **Limitations**

The accuracy of this report depends on the accuracy of the data provided by the companies. The Division reviewed the data for completeness, reasonableness, consistency with other data elements, and consistency with the data request. No adjustments were made to the data other than the assigning of categories to identify claims where a company did not use the provided categories but one could be reasonably assigned.

Although attempts were made to gather uniform data from all companies, complete uniformity is not possible. Some companies did not maintain records of all the data as requested. Some used company specific definitions that could not be manipulated to completely match the requested categories. Companies may have interpreted data elements differently from each other. Company practices, such as the timing of considering an incident an open claim or of closing a claim may differ by company.

Medical malpractice insurance is available for individuals and for a variety of institutions, including hospitals, clinics, and nursing homes. Insurance companies often specialize in what medical malpractice insurance they write. Differences in data between specialties or types of policyholders may be a result of or compounded by the companies writing the business.

Other factors internal to a company writing the business that affect the results of the study include, but are not limited to, the type of policies written, the limits of insurance requested by policyholders, the size of deductibles, company underwriting considerations and claim practices. Factors external to the company may also affect the report. These may include, but are not limited to, regulation, the legal environment, the general economy, and medical inflation. The report makes no adjustments for and does not attempt to analyze changes in economic conditions, exposures, medical practices, legal climate, rate levels, or medical inflation.

The companies writing medical malpractice insurance in Iowa and the premium volume that each company wrote have changed from year to year. This can have a significant effect on any analysis. No adjustments to the data have been made to reflect shifting business.

The report provides a snapshot of Iowa's medical malpractice insurance market. It includes claims from 2008 and earlier which either were closed in 2008 or remained open at the end of the year for those companies that responded to the data request. Since medical malpractice claims can take years to be reported and closed, the claims closed in a year and open at the end of the year do not correspond to premiums for that year.

Large losses are not individually identified in the report. They are included in the totals and averages.

## **Aggregate Claim Reports by Specialty of Provider**

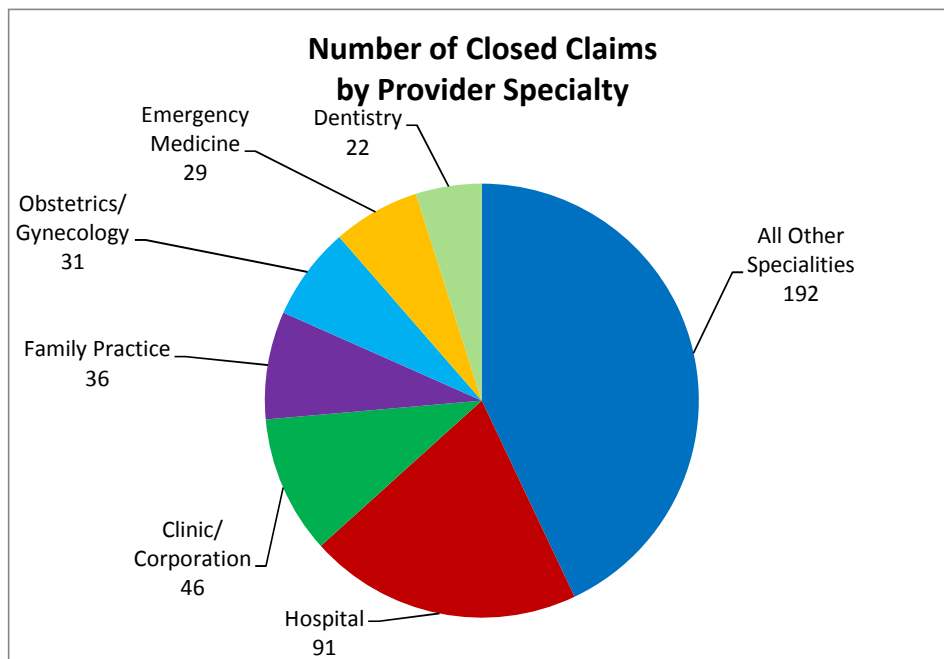
Companies were asked to classify each claim reported by a number of typical provider specialties. All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

Average payments of benefits plus allocated loss adjustment expenses for all closed claims were about \$78,000. The average incurred amounts for all open claims were about \$383,000. The claims underlying these amounts are not comparable since the open claims represent all those open during calendar year 2008, without regard to when the injury occurred or the claim was reported. The closed claims include all claims closed in 2008, regardless of the date of injury or the date reported. The mix of claims, by type, severity, size, will not be the same for the open and closed reports.

Hospitals and Clinics or Corporations had the most number of claims reported in both the open and closed claim reports. Of closed claims provider specialty categories with 20 or more claims, Family Practice had the highest average paid. Of open claims categories with 20 or more claims, Emergency Medicine and Hospital had the highest average incurred losses and allocated loss adjustment expenses.

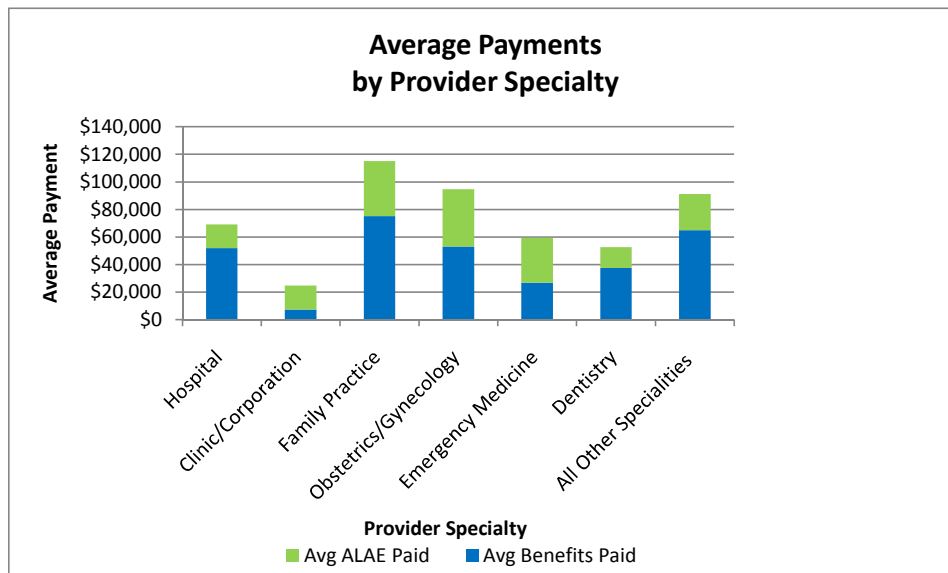
**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Total Benefits and Expenses  
Calendar Year 2008 - By Specialty**

<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Additional Payments Within 6 Months After Disposition</b>
Hospital	91	\$ 4,723,538	\$ 1,571,258	\$ 184,514
Clinic/Corporation	46	331,700	806,419	233,408
Family Practice	36	2,705,800	1,441,268	19,961
Obstetrics/Gynecology	31	1,645,000	1,286,465	112,036
Emergency Medicine	29	779,167	939,933	189,156
Dentistry	22	824,013	331,119	840
Orthopedics	18	937,000	378,174	143,317
General Surgery	18	1,300,000	339,899	9,293
Radiology	16	724,596	304,042	140
Anesthesiology	14	5,000	181,466	623
Cardiology	12	100,000	365,139	21,076
Podiatry	9	1,032,500	473,260	-
Healthcare Facility	9	889,000	237,333	-
Plastic Surgery	8	-	128,813	13,507
Pathology	8	1,066,000	92,834	-
Psychiatry	7	35,000	157,718	9,338
Chiropractic	7	625,000	42,241	75
Neurology	6	400,000	539,815	134,150
Gastroenterology	5	106,250	56,272	1,465
Other/Unknown	55	5,223,250	1,779,880	315,863
<b>Total</b>	<b>447</b>	<b>\$ 23,452,813</b>	<b>\$ 11,453,347</b>	<b>\$ 1,388,760</b>



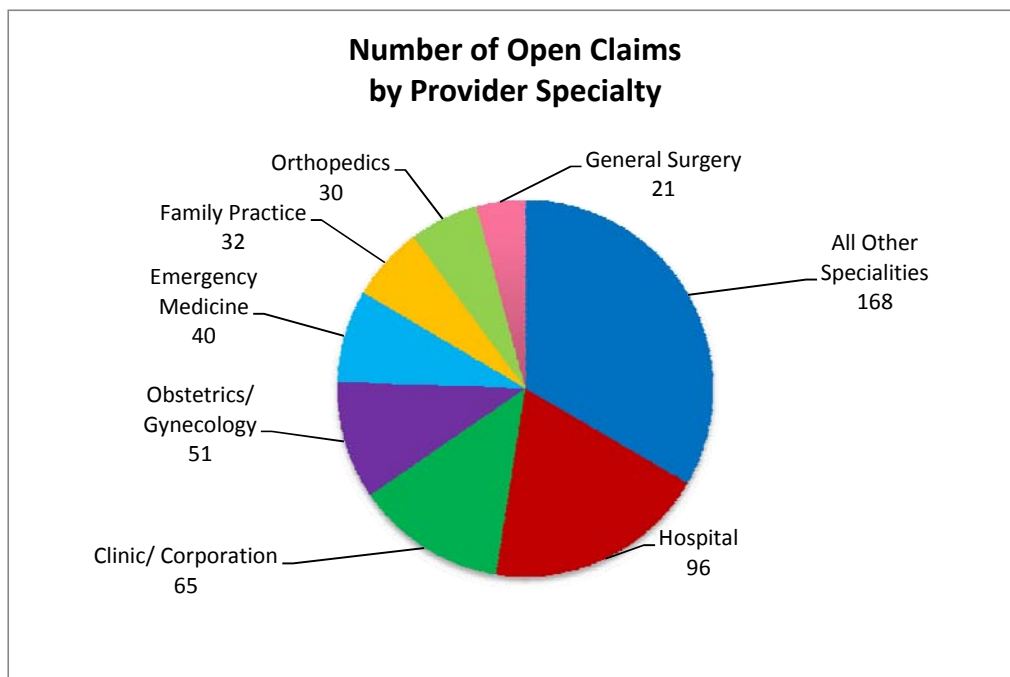
**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Average Benefits and Expenses  
Calendar Year 2008 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments Within 6 Months After Disposition
Hospital	91	\$ 51,907	\$ 17,267	\$ 2,028
Clinic/Corporation	46	7,211	17,531	5,074
Family Practice	36	75,161	40,035	554
Obstetrics/Gynecology	31	53,065	41,499	3,614
Emergency Medicine	29	26,868	32,411	6,523
Dentistry	22	37,455	15,051	38
Orthopedics	18	52,056	21,010	7,962
General Surgery	18	72,222	18,883	516
Radiology	16	45,287	19,003	9
Anesthesiology	14	357	12,962	44
Cardiology	12	8,333	30,428	1,756
Podiatry	9	114,722	52,584	-
Healthcare Facility	9	98,778	26,370	-
Plastic Surgery	8	-	16,102	1,688
Pathology	8	133,250	11,604	-
Psychiatry	7	5,000	22,531	1,334
Chiropractic	7	89,286	6,034	11
Neurology	6	66,667	89,969	22,358
Gastroenterology	5	21,250	11,254	293
Other/Unknown	55	94,968	32,361	5,743
<b>Total</b>	<b>447</b>	<b>\$ 52,467</b>	<b>\$ 25,623</b>	<b>\$ 3,107</b>



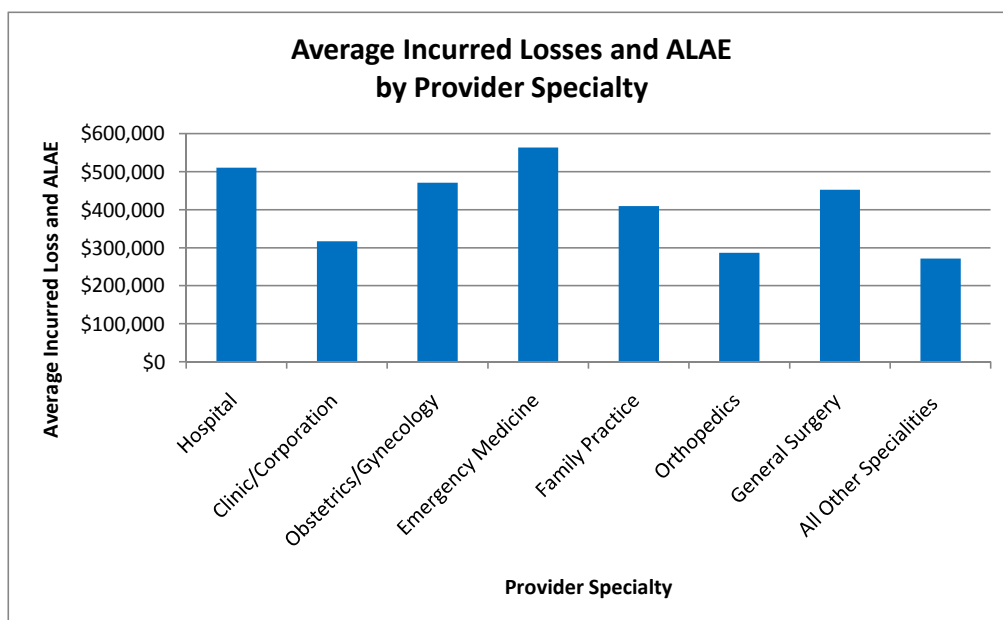
**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Total Benefits and Expenses  
Calendar Year 2008 - By Specialty**

<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
Hospital	96	\$ 7,298	\$ 3,394,087	\$ 45,659,312
Clinic/Corporation	65	-	2,425,775	18,153,526
Obstetrics/Gynecology	51	-	2,388,364	21,623,254
Emergency Medicine	40	2,025,000	4,293,473	16,218,658
Family Practice	32	-	1,309,239	11,794,720
Orthopedics	30	-	1,305,898	7,293,707
General Surgery	21	2,000,000	1,093,123	6,405,777
Dentistry	19	-	114,782	793,439
Cardiology	18	-	1,242,986	5,889,966
Internal Medicine	13	-	1,089,251	5,723,369
Anesthesiology	13	-	264,765	1,364,761
Radiology	11	-	210,166	2,412,500
Plastic Surgery	11	-	92,728	1,320,000
Pediatrics	11	-	702,014	4,694,953
Chiropractic	9	-	171,819	900,001
Healthcare Facility	8	251,000	54,369	890,672
Podiatry	6	-	227,230	832,256
Neurology	6	-	100,032	1,084,694
Other/Unknown	43	265,000	1,535,705	13,456,384
<b>Total</b>	<b>503</b>	<b>\$ 4,548,298</b>	<b>\$ 22,015,807</b>	<b>\$ 166,511,950</b>



**Iowa Insurance Division**  
**Medical Malpractice Open Claim Report**  
**Average Benefits and Expenses**  
**Calendar Year 2008 - By Specialty**

Provider Specialty	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but not Disposed
Hospital	96	\$ 76	\$ 35,355	\$ 475,618
Clinic/Corporation	65	-	37,320	279,285
Obstetrics/Gynecology	51	-	46,831	423,985
Emergency Medicine	40	50,625	107,337	405,466
Family Practice	32	-	40,914	368,585
Orthopedics	30	-	43,530	243,124
General Surgery	21	95,238	52,053	305,037
Dentistry	19	-	6,041	41,760
Cardiology	18	-	69,055	327,220
Internal Medicine	13	-	83,789	440,259
Anesthesiology	13	-	20,367	104,982
Radiology	11	-	19,106	219,318
Plastic Surgery	11	-	8,430	120,000
Pediatrics	11	-	63,819	426,814
Chiropractic	9	-	19,091	100,000
Healthcare Facility	8	31,375	6,796	111,334
Podiatry	6	-	37,872	138,709
Neurology	6	-	16,672	180,782
Other/Unknown	43	6,163	35,714	312,939
<b>Total</b>	<b>503</b>	<b>\$ 9,042</b>	<b>\$ 43,769</b>	<b>\$ 331,038</b>



## **Aggregate Claim Reports by Nature of Claim**

Companies were asked to classify each claim reported by a number of alleged cause of loss descriptions. Most companies used the provided descriptions to categorize the claims. For those claims that were not assigned to one of the listed cause of loss descriptions, one was assigned if it reasonably fit the description provided by the company. Otherwise the claim was listed in the Other/Unknown category.

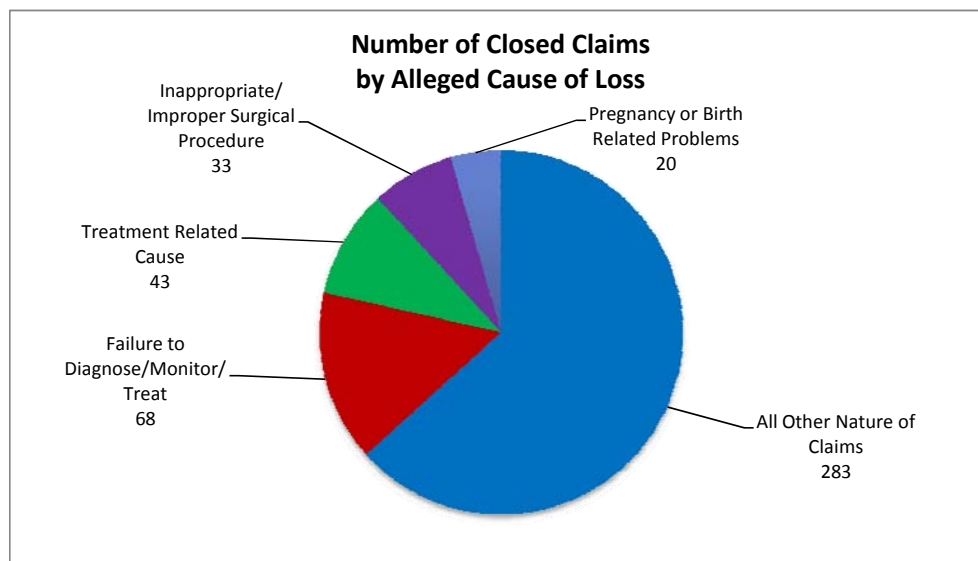
All claims in each category were totaled, separately for the open and the closed reports, and averaged by dividing the total dollar amounts by the number of claims. To maintain confidentiality of individual claims, any categories with fewer than five claims were grouped in the Other/Unknown category.

For closed claims, Failure to Diagnose/Monitor/Treat and Treatment Related Cause produced the most claims, with the costliest claims on average being for Pregnancy or Birth Related Problems claims.

Most open claims were also from Failure to Diagnose/Monitor/Treat and Treatment Related Cause. The claims with the highest average incurred losses were from the Pregnancy or Birth Related Problems and the Wrong Diagnosis categories.

**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Total Benefits and Expenses  
Calendar Year 2008 - By Nature of Claim**

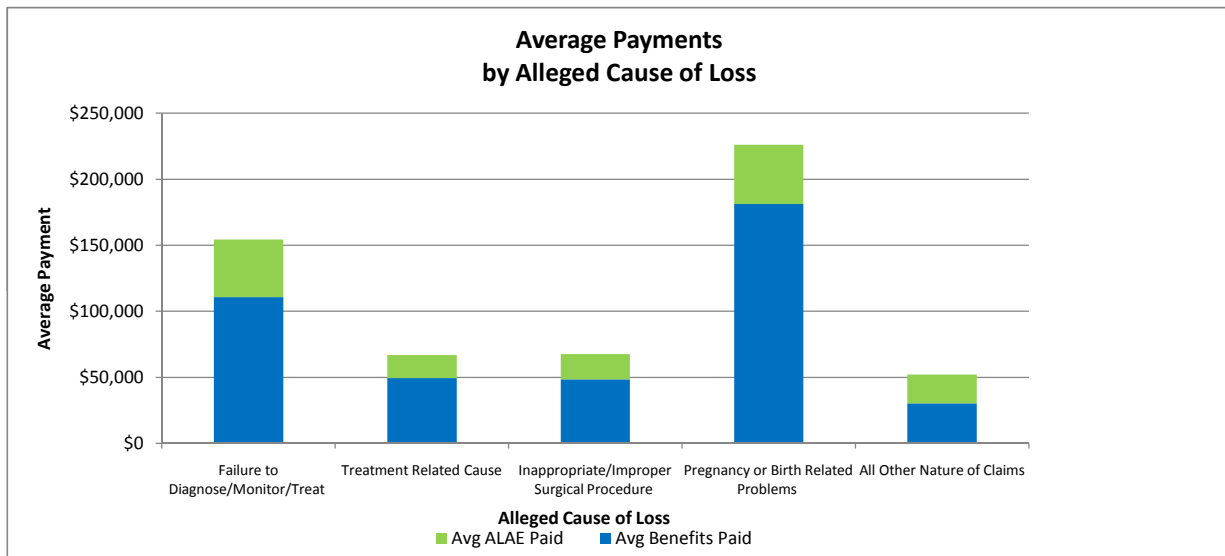
<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Additional Payments Within 6 Months After Disposition</b>
Failure to Diagnose/Monitor/Treat	68	\$ 7,525,480	\$ 2,975,524	\$ 232,183
Treatment Related Cause	43	2,129,096	748,918	14,208
Inappropriate/Improper Surgical Procedure	33	1,598,250	631,546	30,432
Pregnancy or Birth Related Problems	20	3,623,200	900,653	-
Wrong Diagnosis	17	243,000	481,464	233,653
Delay in Diagnosis	17	1,560,000	439,639	365
Fracture/Fall	12	130,885	221,740	-
Lack of Supervision or Control	7	608,750	34,130	-
Misdiagnosis	6	12,000	38,459	-
Incorrect Medication	5	-	77,078	12,867
Other/Unknown	219	6,022,153	4,904,195	865,051
<b>Total</b>	<b>447</b>	<b>\$ 23,452,813</b>	<b>\$ 11,453,347</b>	<b>\$ 1,388,760</b>





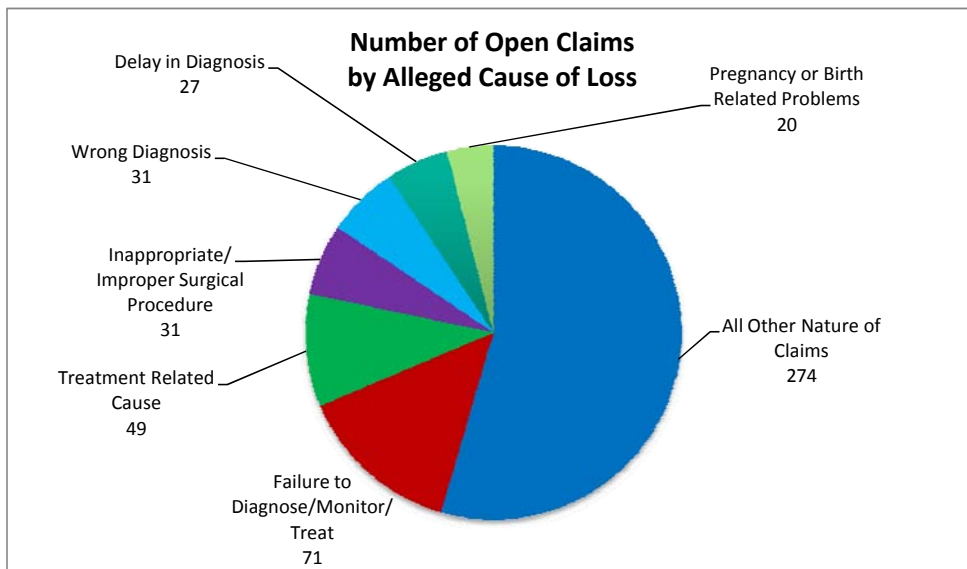
**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Average Benefits and Expenses  
Calendar Year 2008 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments Within 6 Months After Disposition
Failure to Diagnose/Monitor/Treat	68	\$ 110,669	\$ 43,758	\$ 3,414
Treatment Related Cause	43	49,514	17,417	330
Inappropriate/Improper Surgical Procedure	33	48,432	19,138	922
Pregnancy or Birth Related Problems	20	181,160	45,033	-
Wrong Diagnosis	17	14,294	28,321	13,744
Delay in Diagnosis	17	91,765	25,861	21
Fracture/Fall	12	10,907	18,478	-
Lack of Supervision or Control	7	86,964	4,876	-
Misdiagnosis	6	2,000	6,410	-
Incorrect Medication	5	-	15,416	2,573
Other/Unknown	219	27,498	22,394	3,950
<b>Total</b>	<b>447</b>	<b>\$ 52,467</b>	<b>\$ 25,623</b>	<b>\$ 3,107</b>



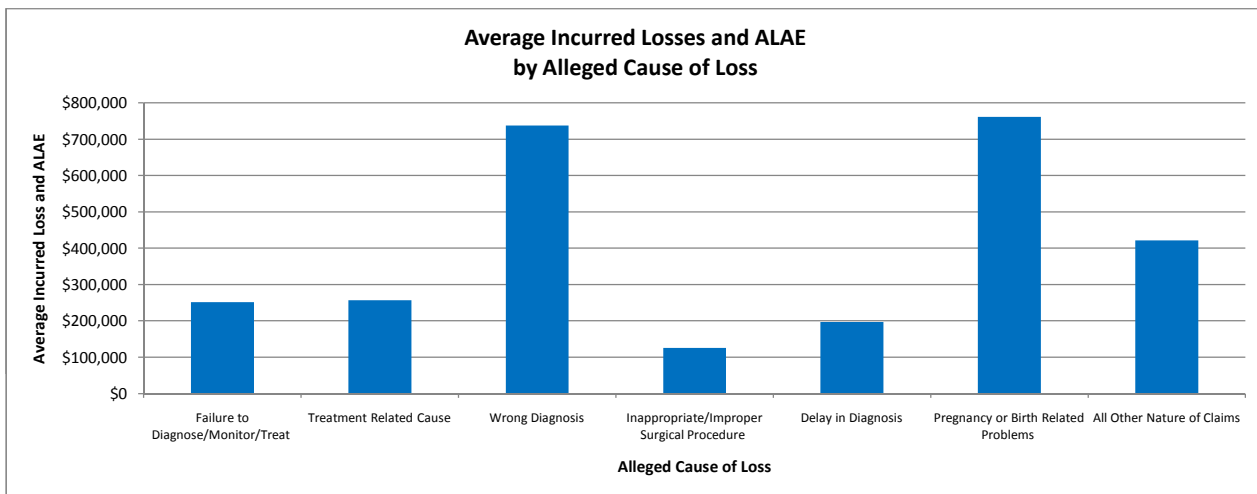
**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Total Benefits and Expenses  
Calendar Year 2008 - By Nature of Claim**

<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
Failure to Diagnose/Monitor/Treat	71	\$ 2,275,000	\$ 1,922,184	\$ 13,667,284
Treatment Related Cause	49	-	1,432,225	11,144,125
Wrong Diagnosis	31	-	3,137,023	19,724,590
Inappropriate/Improper Surgical Procedure	31	-	345,071	3,539,756
Delay in Diagnosis	27	-	489,744	4,817,811
Pregnancy or Birth Related Problems	20	-	1,359,055	13,875,000
Incorrect Medication	19	85,000	234,217	2,303,159
Fracture/Fall	15	3,143	144,658	1,000,671
Lack of Supervision or Control	8	-	267,113	1,072,737
Instrument/Sponge Left after Surgery	7	-	159,832	533,680
Diseases/Medical Condition	5	-	310,366	750,000
Other/Unknown	220	2,185,155	12,214,317	94,083,137
<b>Total</b>	<b>503</b>	<b>\$ 4,548,298</b>	<b>\$ 22,015,807</b>	<b>\$ 166,511,950</b>



**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Average Benefits and Expenses  
Calendar Year 2008 - By Nature of Claim**

Alleged Cause of Loss	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but not Disposed
Failure to Diagnose/Monitor/Treat	71	\$ 32,042	\$ 27,073	\$ 192,497
Treatment Related Cause	49	-	29,229	227,431
Wrong Diagnosis	31	-	101,194	636,277
Inappropriate/Improper Surgical Procedure	31	-	11,131	114,186
Delay in Diagnosis	27	-	18,139	178,437
Pregnancy or Birth Related Problems	20	-	67,953	693,750
Incorrect Medication	19	4,474	12,327	121,219
Fracture/Fall	15	210	9,644	66,711
Lack of Supervision or Control	8	-	33,389	134,092
Instrument/Sponge Left after Surgery	7	-	22,833	76,240
Diseases/Medical Condition	5	-	62,073	150,000
Other/Unknown	220	9,933	55,520	427,651
<b>Total</b>	<b>503</b>	<b>\$ 9,042</b>	<b>\$ 43,769</b>	<b>\$ 331,038</b>



## **Aggregate Claim Reports by Substance of Claim**

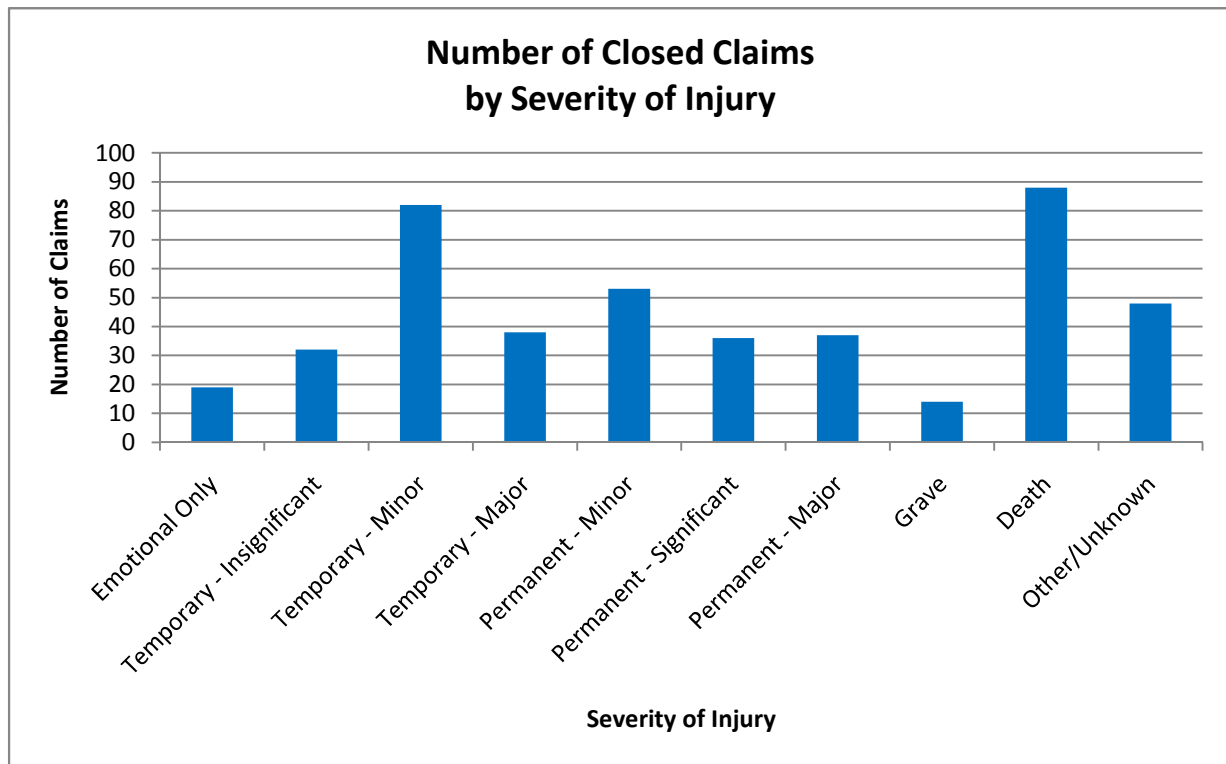
Companies were asked to classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary - Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed)
- Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
- Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
- Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
- Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- Death

Most claims for closed were Temporary - Minor and Death claims. Most claims for open were Permanent - Major and Death claims. On average the costliest claims, paid or reserved, were those considered Grave. Average paid losses and expenses for closed claims by category ranged from less than \$12,000 to more than \$315,000. Average incurred amounts including reserves for allocated loss adjustment expenses ranged from about \$80,000 to more than \$2,400,000.

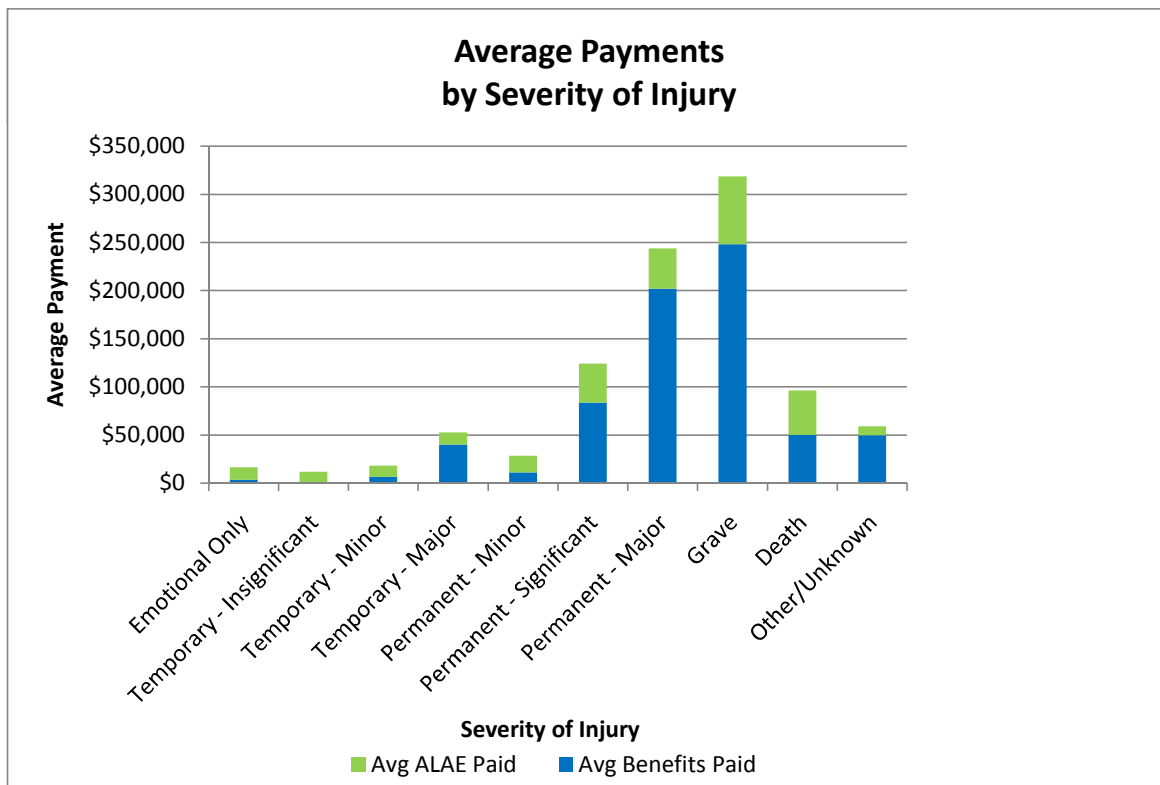
**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Total Benefits and Expenses  
Calendar Year 2008 - By Substance of Claim**

<b>Severity</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Additional Payments Within 6 Months After Disposition</b>
Emotional Only	19	\$ 66,000	\$ 243,968	\$ 37,578
Temporary - Insignificant	32	12,957	359,180	62,541
Temporary - Minor	82	516,365	962,801	168,292
Temporary - Major	38	1,518,000	485,274	259,043
Permanent - Minor	53	592,000	915,439	35,564
Permanent - Significant	36	3,007,500	1,465,107	65,448
Permanent - Major	37	7,470,000	1,546,777	212,438
Grave	14	3,475,000	987,668	(3,353)
Death	88	4,403,000	4,052,181	463,416
Other/Unknown	48	2,391,992	434,952	87,794
<b>Total</b>	<b>447</b>	<b>\$ 23,452,813</b>	<b>\$ 11,453,347</b>	<b>\$ 1,388,760</b>



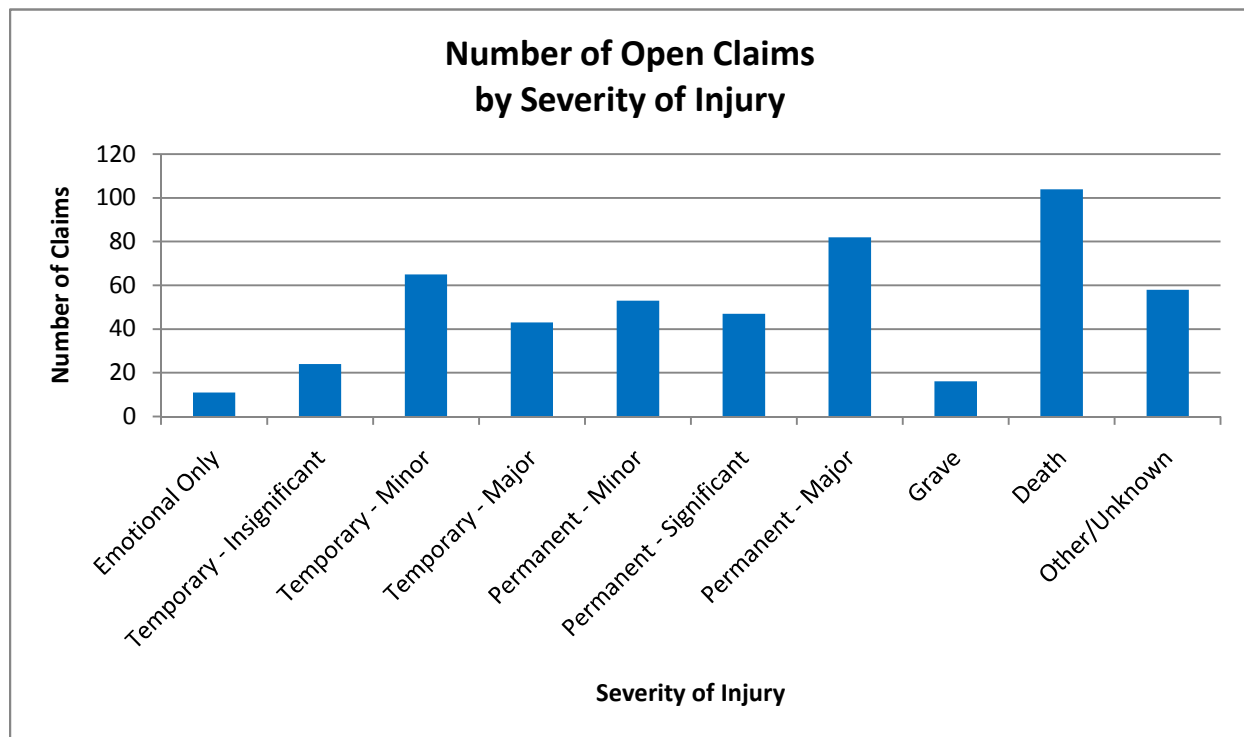
**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Average Benefits and Expenses  
Calendar Year 2008 - By Substance of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Additional Payments Within 6 Months After Disposition
Emotional Only	19	\$ 3,474	\$ 12,840	\$ 1,978
Temporary - Insignificant	32	405	11,224	1,954
Temporary - Minor	82	6,297	11,741	2,052
Temporary - Major	38	39,947	12,770	6,817
Permanent - Minor	53	11,170	17,272	671
Permanent - Significant	36	83,542	40,697	1,818
Permanent - Major	37	201,892	41,805	5,742
Grave	14	248,214	70,548	(240)
Death	88	50,034	46,048	5,266
Other/Unknown	48	49,833	9,061	1,829
<b>Total</b>	<b>447</b>	<b>\$ 52,467</b>	<b>\$ 25,623</b>	<b>\$ 3,107</b>



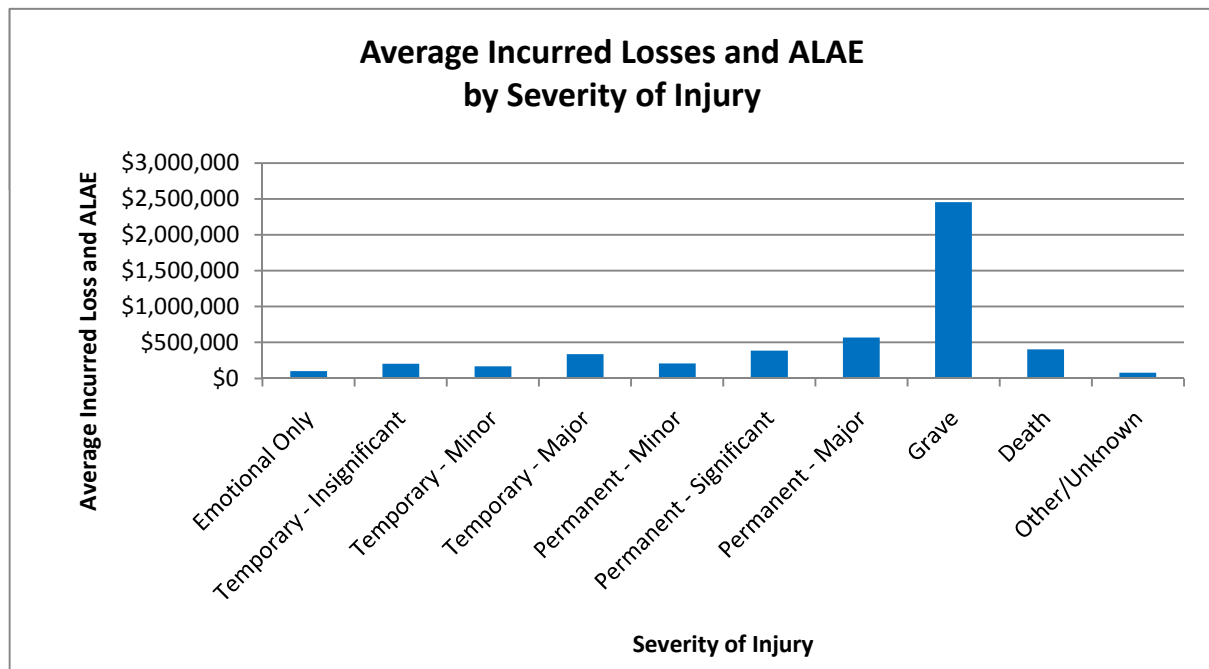
**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Total Benefits and Expenses  
Calendar Year 2008 - By Substance of Claim**

<b>Severity</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated Loss Adjustment Expenses Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
Emotional Only	11	\$ -	\$ 253,204	\$ 873,640
Temporary - Insignificant	24	85,000	1,084,308	3,740,159
Temporary - Minor	65	3,143	2,066,094	8,735,991
Temporary - Major	43	-	1,800,598	12,658,423
Permanent - Minor	53	-	1,839,145	9,095,730
Permanent - Significant	47	2,000,000	1,695,892	14,345,002
Permanent - Major	82	-	5,282,609	41,387,512
Grave	16	-	1,173,472	38,125,560
Death	104	2,455,000	6,475,167	33,254,332
Other/Unknown	58	5,155	345,318	4,295,600
<b>Total</b>	<b>503</b>	<b>\$ 4,548,298</b>	<b>\$ 22,015,807</b>	<b>\$ 166,511,950</b>



**Medical Malpractice Open Claim Report**  
**Average Benefits and Expenses**  
**Calendar Year 2008 - By Substance of Claim**

Severity	Number of Claims	Average Benefits Paid	Average Allocated Loss Adjustment Expenses Paid	Average Reserve for Incurred and Reported but not Disposed
Emotional Only	11	\$ -	\$ 23,019	\$ 79,422
Temporary - Insignificant	24	3,542	45,180	155,840
Temporary - Minor	65	48	31,786	134,400
Temporary - Major	43	-	41,874	294,382
Permanent - Minor	53	-	34,701	171,618
Permanent - Significant	47	42,553	36,083	305,213
Permanent - Major	82	-	64,422	504,726
Grave	16	-	73,342	2,382,847
Death	104	23,606	62,261	319,753
Other/Unknown	58	89	5,954	74,062
<b>Total</b>	<b>503</b>	<b>\$ 9,042</b>	<b>\$ 43,769</b>	<b>\$ 331,038</b>





## **Closed and Open Claim Reports by Company**

The following summaries provide data by company for closed and open claims.

As described earlier in the report, in cases where a company did not use the categories provided in the data call to identify claims, if a category could be reasonably assigned, that was done. Otherwise, the claim was listed in the Other/Unknown category. Midwest Medical Insurance Company provided additional specialties that were included within this section, but not in the Aggregate Claim Reports by Specialty of Provider section. Any categories with less than five claims were combined and reported in total for the company.

Companies with fewer than five claims in total were reported as a group. Below are the grouped companies for the closed claim exhibits and for the open claim exhibits.

### **Companies Grouped for Closed Claim Report**

ACE American Insurance Company  
AMCO Insurance Company  
Church Mutual Insurance Company  
Cincinnati Insurance Company, The  
COPIC Insurance Company  
ISMIE Mutual Insurance Company  
Pharmacists Mutual Insurance Company  
Preferred Professional Insurance Company

### **Companies Grouped for Open Claim Report**

Cincinnati Insurance Company, The  
COPIC Insurance Company  
Fireman's Fund Insurance Company  
ISMIE Mutual Insurance Company  
Pharmacists Mutual Insurance Company  
Preferred Professional Insurance Company

**Iowa Insurance Division**  
**Medical Malpractice Closed Claim Report**  
**Total Benefits and Expenses by Company**  
**Calendar Year 2008 - By Specialty**

Company	Provider Specialty	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments Within 6 Months After Disposition
<b>C N A Insurance Companies</b>					
	Psychiatry	5	\$ -	\$ 41,655	\$ -
	Dentistry	11	754,500	186,419	840
	All/Unknown	9	45,250	12,615	75
<b>Doctors Company, The</b>					
	All/Unknown	5	-	111,849	9,971
<b>Medical Protective Company, The</b>					
	Dentistry	9	55,513	136,016	-
	All/Unknown	6	40,000	150,356	-
<b>MHA Insurance Company</b>					
	Emergency Medicine	5	-	28,644	-
	Hospital	9	3,003	7,535	-
	All/Unknown	8	96	33,380	-
<b>Midwest Medical Insurance Company</b>					
	Anesthesiology	9	5,000	173,874	-
	Family Practice	27	2,705,800	1,067,850	-
	General Surgery	10	865,000	285,030	-
	Obstetrics/Gynecology	25	1,645,000	1,077,637	-
	Orthopedics	6	327,000	44,092	-
	Pathology	6	1,066,000	92,834	-
	Radiology	12	724,500	269,176	-
	Hospital	31	2,771,750	853,130	-
	Clinic/Corporation	20	331,700	159,019	-
	Ear, Nose & Throat	7	95,000	201,286	-
	Urology	5	135,000	113,822	-
	All/Unknown	27	3,832,750	1,042,178	-
<b>National Union Fire Insurance Company of Pittsburg, PA</b>					
	All/Unknown	5	-	4,836	-
<b>NCMIC Insurance Company</b>					
	Chiropractic	6	625,000	40,783	-
<b>Physicians Insurance Company of Wisconsin, Inc.</b>					
	Cardiology	7	-	162,463	21,031
	Emergency Medicine	15	741,667	642,773	189,156
	General Surgery	7	435,000	54,869	9,293
	Orthopedics	10	350,000	301,040	144,462
	Hospital	49	1,948,785	688,903	183,660
	Clinic/Corporation	24	-	609,398	233,408
	All/Unknown	37	1,778,000	1,592,358	595,574
<b>Podiatry Insurance Company of America, A Mutual Company</b>					
	Podiatry	9	1,032,500	473,260	-
<b>ProNational Insurance Company</b>					
	All/Unknown	5	260,000	35,432	1,291
<b>Group Companies</b>					
	Healthcare Facility	7	840,000	83,036	-
	All/Unknown	14	39,000	675,801	-
<b>Total</b>		<b>447</b>	<b>\$ 23,452,813</b>	<b>\$ 11,453,347</b>	<b>\$ 1,388,760</b>

**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Total Benefits and Expenses by Company  
Calendar Year 2008 - By Specialty**

<b>Company</b>	<b>Provider Specialty</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
<b>ACE American Insurance Company</b>	All/Unknown	10	-	132,672	152,750
<b>AMCO Insurance Company</b>	Healthcare Facility	5	251,000	20,040	475,001
<b>C N A Insurance Companies</b>	Dentistry	8	-	45,448	630,002
	All/Unknown	8	-	69,618	827,854
<b>Doctors Company, The</b>	All/Unknown	11	-	129,306	965,000
<b>Medical Protective Company, The</b>	Dentistry	6	-	19,269	20,000
	Clinic/Corporation	6	-	54,661	408,000
	All/Unknown	10	-	143,685	1,199,000
<b>MHA Insurance Company</b>	Hospital	5	2,143	9,713	35,000
	All/Unknown	7	-	67,204	2,265,000
<b>Midwest Medical Insurance Company</b>	Cardiology	10	-	420,451	590,000
	Family Practice	15	-	247,056	850,000
	General Surgery	9	-	68,491	955,000
	Internal Medicine	5	-	47,716	725,000
	Obstetrics/Gynecology	34	-	1,345,745	11,637,500
	Orthopedics	13	-	204,811	1,360,000
	Pediatrics	9	-	286,968	1,090,000
	Radiology	11	-	210,166	2,412,500
	Hospital	26	-	899,297	4,007,500
	Clinic/Corporation	21	-	120,826	3,865,000
	All/Unknown	32	-	555,086	5,650,000
<b>National Union Fire Insurance Company of Pittsburgh, PA</b>	All/Unknown	12	-	62,470	290,000
<b>NCMIC Insurance Company</b>	Chiropractic	7	-	161,510	450,000
<b>Physicians Insurance Company of Wisconsin, Inc.</b>	Cardiology	8	-	822,534	5,299,966
	Emergency Medicine	23	2,025,000	4,200,417	14,681,658
	Family Practice	11	-	962,943	10,420,967
	General Surgery	12	2,000,000	1,024,632	5,450,777
	Internal Medicine	6	-	1,013,031	3,996,369
	Obstetrics/Gynecology	12	-	879,645	7,435,215
	Orthopedics	6	-	953,200	5,376,672
	Hospital	60	5,155	2,385,318	41,269,071
	Clinic/Corporation	35	-	2,218,524	13,655,943
	All/Unknown	21	-	1,662,295	13,476,855
<b>Podiatry Insurance Company of America, A Mutual Company</b>	Podiatry	5	-	143,776	657,256
<b>ProNational Insurance Company</b>	Hospital	5	-	99,759	347,741
	All/Unknown	10	-	182,684	2,978,816
<b>Group Companies</b>	All/Unknown	9	265,000	144,839	604,536
<b>Total</b>		<b>503</b>	<b>\$ 4,548,298</b>	<b>\$ 22,015,807</b>	<b>\$ 166,511,950</b>

**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Total Benefits and Expenses by Company  
Calendar Year 2008 - By Nature of Claim**

<b>Company</b>	<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE + Attorney + All Other ALAE Paid</b>	<b>Additional Payments Within 6 Months After Disposition</b>
<b>C N A Insurance Companies</b>					
	Treatment Related Cause	6	\$ 761,500	\$ 102,631	\$ 915
	All/Unknown	19	38,250	138,058	-
<b>Doctors Company, The</b>					
	Treatment Related Cause	5	-	111,849	9,971
<b>Medical Protective Company, The</b>					
	Treatment Related Cause	8	52,500	139,656	-
	All/Unknown	7	43,013	146,716	-
<b>MHA Insurance Company</b>					
	Fracture/Fall	5	885	-	-
	All/Unknown	17	2,213	69,558	-
<b>Midwest Medical Insurance Company</b>					
	Failure to Diagnose/Monitor/Treat	34	4,605,800	1,171,724	-
	Delay in Diagnosis	15	1,560,000	420,531	-
	Inappropriate/Improper Surgical Procedure	16	1,528,750	465,956	-
	Treatment Related Cause	12	575,000	313,235	-
	Pregnancy or Birth Related Problems	20	3,623,200	900,653	-
	Fracture/Fall	5	115,000	185,625	-
	All/Unknown	83	2,496,750	1,922,205	-
<b>National Union Fire Insurance Company of Pittsburg, PA</b>					
	All/Unknown	5	-	4,836	-
<b>NCMIC Insurance Company</b>					
	Treatment Related Cause	6	625,000	40,783	-
<b>Physicians Insurance Company of Wisconsin, Inc.</b>					
	Failure to Diagnose/Monitor/Treat	7	1,766,667	598,051	232,183
	Wrong Diagnosis	16	243,000	481,464	233,653
	All/Unknown	126	3,243,785	2,972,288	910,747
<b>Podiatry Insurance Company of America, A Mutual Company</b>					
	All/Unknown	9	1,032,500	473,260	-
<b>ProNational Insurance Company</b>					
	All/Unknown	5	260,000	35,432	1,291
<b>Grouped Companies</b>					
	Failure to Diagnose/Monitor/Treat	11	150,000	640,877	-
	All/Unknown	10	729,000	117,961	-
<b>Total</b>		<b>447</b>	<b>\$ 23,452,813</b>	<b>\$ 11,453,347</b>	<b>\$ 1,388,760</b>

**Iowa Insurance Division  
Medical Malpractice Open Claim Report  
Total Benefits and Expenses by Company  
Calendar Year 2008 - By Nature of Claim**

<b>Company</b>	<b>Alleged Cause of Loss</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
<b>ACE American Insurance Company</b>					
	All/Unknown	10	\$ -	\$ 132,672	\$ 152,750
<b>AMCO Insurance Company</b>					
	All/Unknown	5	251,000	20,040	475,001
<b>C N A Insurance Companies</b>					
	Treatment Related Cause	9	-	47,521	1,057,853
	All/Unknown	7	-	67,545	400,003
<b>Doctors Company, The</b>					
	All/Unknown	11	-	129,306	965,000
<b>Medical Protective Company, The</b>					
	Failure to Diagnose/Monitor/Treat	5	-	75,244	1,229,000
	Incorrect Medication	5	-	39,349	18,000
	All/Unknown	12	-	103,022	380,000
<b>MHA Insurance Company</b>					
	All/Unknown	12	2,143	76,917	2,300,000
<b>Midwest Medical Insurance Company</b>					
	Failure to Diagnose/Monitor/Treat	34	-	1,087,016	5,802,500
	Delay in Diagnosis	15	-	113,243	2,580,000
	Inappropriate/Improper Surgical Procedure	19	-	207,894	2,875,000
	Treatment Related Cause	11	-	264,913	950,000
	Pregnancy or Birth Related Problems	18	-	1,330,541	12,825,000
	Fracture/Fall	7	-	135,329	520,000
	All/Unknown	81	-	1,267,677	7,590,000
<b>National Union Fire Insurance Company of Pittsburg, PA</b>					
	All/Unknown	12	-	62,470	290,000
<b>NCMIC Insurance Company</b>					
	All/Unknown	7	-	161,510	450,000
<b>Physicians Insurance Company of Wisconsin, Inc.</b>					
	Failure to Diagnose/Monitor/Treat	16	2,025,000	547,624	4,689,523
	Incorrect Medication	10	-	166,890	2,234,159
	Lack of Supervision or Control	5	-	251,517	689,984
	Treatment Related Cause	7	-	739,263	7,980,337
	Wrong Diagnosis	31	-	3,137,023	19,724,590
	All/Unknown	125	2,005,155	11,280,223	85,744,900
<b>Podiatry Insurance Company of America, A Mutual Company</b>					
	All/Unknown	5	-	143,776	657,256
<b>ProNational Insurance Company</b>					
	All/Unknown	15	-	282,443	3,326,557
<b>Group Companies</b>					
	All/Unknown	9	265,000	144,839	604,536
<b>Total</b>		<b>503</b>	<b>\$ 4,548,298</b>	<b>\$ 22,015,807</b>	<b>\$ 166,511,950</b>

**Iowa Insurance Division  
Medical Malpractice Closed Claim Report  
Total Benefits and Expenses by Company  
Calendar Year 2008 - By Substance of Claim**

Company	Severity	Number of Claims	Total Benefits Paid	Total Allocated LAE + Attorney + All Other ALAE Paid	Additional Payments Within 6 Months After Disposition
<b>C N A Insurance Companies</b>					
	Temporary - Minor	10	\$ 70,250	\$ 112,099	\$ 75
	All/Unknown	15	729,500	128,590	840
<b>Doctors Company, The</b>					
	All/Unknown	5	-	111,849	9,971
<b>Medical Protective Company, The</b>					
	Temporary - Minor	10	3,013	111,924	-
	All/Unknown	5	92,500	174,447	-
<b>MHA Insurance Company</b>					
	Temporary - Insignificant	7	1,957	-	-
	Temporary - Minor	6	1,141	58,282	-
	All/Unknown	9	-	11,276	-
<b>Midwest Medical Insurance Company</b>					
	Emotional Only	11	6,000	63,006	-
	Temporary - Minor	22	266,000	190,286	-
	Temporary - Major	8	225,000	30,500	-
	Permanent - Minor	27	486,000	607,298	-
	Permanent - Significant	22	2,172,500	834,641	-
	Permanent - Major	25	4,845,000	798,686	-
	Grave	11	3,475,000	729,336	-
	Death	49	2,998,000	1,920,640	-
	All/Unknown	10	31,000	205,537	-
<b>National Union Fire Insurance Company of Pittsburg, PA</b>					
	All/Unknown	5	-	4,836	-
<b>NCMIC Insurance Company</b>					
	All/Unknown	6	625,000	40,783	-
<b>Physicians Insurance Company of Wisconsin, Inc.</b>					
	Temporary - Insignificant	9	-	120,552	54,267
	Temporary - Minor	20	3,460	385,653	166,521
	Temporary - Major	22	593,000	389,865	258,203
	Permanent - Minor	16	-	135,068	35,564
	Permanent - Significant	8	835,000	287,695	65,448
	Permanent - Major	8	1,000,000	587,450	212,438
	Death	26	975,000	1,367,791	463,416
	All/Unknown	40	1,846,992	777,729	120,728
<b>Podiatry Insurance Company of America, A Mutual Company</b>					
	All/Unknown	9	1,032,500	473,260	-
<b>ProNational Insurance Company</b>					
	All/Unknown	5	260,000	35,432	1,291
<b>Grouped Companies</b>					
	Death	7	400,000	643,358	-
	All/Unknown	14	479,000	115,479	-
<b>Total</b>		<b>447</b>	<b>\$ 23,452,813</b>	<b>\$ 11,453,347</b>	<b>\$ 1,388,760</b>

**Iowa Insurance Division**  
**Medical Malpractice Open Claim Report**  
**Total Benefits and Expenses by Company**  
**Calendar Year 2008 - By Substance of Claim**

<b>Company</b>	<b>Severity</b>	<b>Number of Claims</b>	<b>Total Benefits Paid</b>	<b>Total Allocated LAE Paid</b>	<b>Reserve for Incurred and Reported but not Disposed</b>
<b>ACE American Insurance Company</b>					
	All/Unknown	10	\$ -	\$ 132,672	\$ 152,750
<b>AMCO Insurance Company</b>					
	All/Unknown	5	251,000	20,040	475,001
<b>C N A Insurance Companies</b>					
	Temporary - Minor	5	-	9,205	32,852
	All/Unknown	11	-	105,862	1,425,004
<b>Doctors Company, The</b>					
	All/Unknown	11	-	129,306	965,000
<b>Medical Protective Company, The</b>					
	Temporary - Minor	14	-	89,245	344,000
	All/Unknown	8	-	128,370	1,283,000
<b>MHA Insurance Company</b>					
	All/Unknown	12	2,143	76,917	2,300,000
<b>Midwest Medical Insurance Company</b>					
	Emotional Only	6	-	43,187	127,500
	Temporary - Insignificant	10	-	130,591	905,000
	Temporary - Minor	13	-	216,568	1,010,000
	Temporary - Major	7	-	27,126	590,000
	Permanent - Minor	26	-	456,393	1,347,500
	Permanent - Significant	26	-	483,307	3,907,500
	Permanent - Major	46	-	1,387,330	13,040,000
	Grave	12	-	542,031	7,395,000
	Death	39	-	1,120,080	4,820,000
<b>National Union Fire Insurance Company of Pittsburg, PA</b>					
	All/Unknown	12	-	62,470	290,000
<b>NCMIC Insurance Company</b>					
	All/Unknown	7	-	161,510	450,000
<b>Physicians Insurance Company of Wisconsin, Inc.</b>					
	Temporary - Insignificant	6	-	932,842	2,754,158
	Temporary - Minor	21	-	1,714,934	7,067,158
	Temporary - Major	15	-	1,518,054	10,537,866
	Permanent - Minor	15	-	1,219,197	7,171,294
	Permanent - Significant	9	2,000,000	897,746	7,427,502
	Permanent - Major	30	-	3,679,313	26,287,281
	Death	41	2,025,000	5,062,883	24,870,617
	All/Unknown	57	5,155	1,097,570	34,947,618
<b>Podiatry Insurance Company of America, A Mutual Company</b>					
	All/Unknown	5	-	143,776	657,256
<b>ProNational Insurance Company</b>					
	Temporary - Major	5	-	129,946	710,054
	All/Unknown	10	-	152,497	2,616,503
<b>Group Companies</b>					
	All/Unknown	9	265,000	144,839	604,536
<b>Total</b>		<b>503</b>	<b>\$ 4,548,298</b>	<b>\$ 22,015,807</b>	<b>\$ 166,511,950</b>



# STATE OF IOWA

CHESTER J. CULVER  
GOVERNOR

SUSAN E. VOSS  
COMMISSIONER OF INSURANCE

PATTY JUDGE  
LT. GOVERNOR

**DATE:** April 28, 2009  
**FROM:** Iowa Insurance Division  
**TO:** All Admitted Insurance Companies Writing Medical Malpractice Insurance in Iowa

## ANNUAL REPORT

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**LINE(S) OF BUSINESS:** Medical Malpractice Insurance per Line #11 of the Annual Statement.

**REPORTING COMPANIES:** All companies licensed by the Iowa Insurance Division to write the line(s) of business noted above, with direct written premiums on or after January 1, 2008 through December 31, 2008.

**DATA REQUESTED:** Regarding *closed claims* and *open claims*.

**DUE DATE:** June 1, 2009

**IID CONTACT PERSON:** Brad Henderson [brad.henderson@iid.iowa.gov](mailto:brad.henderson@iid.iowa.gov)

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### GENERAL INSTRUCTIONS

The following pages provide detailed directions for completing the report. The report must be submitted in the format provided. Record layout and formatting instructions will be found on subsequent pages. The report should consist of two EXCEL spreadsheets, one for closed claims and one for open claims, and the contact information sheet. The report should be submitted via e-mail to Brad Henderson at [medmal@iid.iowa.gov](mailto:medmal@iid.iowa.gov) by June 1, 2009.

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# **MEDICAL MALPRACTICE INSURANCE CLOSED AND OPEN CLAIM REPORT REPORT INSTRUCTIONS/SPECIFICATIONS**

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1. Please provide data for all medical malpractice insurance claims and lawsuits closed or disposed of on or after January 1, 2008 through December 31, 2008. Also provide data for all medical malpractice insurance claims and lawsuits open as of December 31, 2008.
  2. A claim for the purpose of this report is a formal or written demand for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.
  3. A lawsuit for the purpose of this report is a complaint filed in any court in this state alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.
  4. If more than one insured is associated with an incident, report separately for each insured.
  5. If more than one injured party is associated with an incident, report separately for each injured party.
  6. If a claimant filed claims for the same injury under more than one policy, report separately for each policy.
  7. Include direct business only.
  8. If a claim has been reopened, but had not yet closed as of December 31, 2008, report this within the open claims report only.
  9. If a claim was reopened and then closed within the period from January 1, 2008 through December 31, 2008, please include in the closed claims report only.
  10. Submit information for each closed claim, whether closed with or without payment.
  11. Submit information for each open claim, whether a reserve amount has been established or not.
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# **MEDICAL MALPRACTICE INSURANCE CLOSED AND OPEN CLAIM REPORT ELECTRONIC REPORTING INSTRUCTIONS**

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1. Please provide data in an EXCEL spreadsheet in accordance with the attached open and closed record layouts.
2. Please provide a separate spreadsheet for the closed claims report and a separate spreadsheet for the open claims report.
3. Companies within a group may report as a group rather than submitting separate reports for each company.
4. Each claim should be reported on one row within the appropriate spreadsheet, either the open claims spreadsheet or the closed claims spreadsheet.
5. Provide a separate document with the additional codes to explain the specified column when the date provided includes more codes than the closed and open layouts.
6. Data must be entered in the spreadsheets according to the definitions and report layout provided. To be accepted data must be entered in date format as MM/DD/YYYY for dates; numeric format for dollar amounts, numbers, and any designated codes; and alpha-numeric format for other entries. For any columns where "Other" is chosen, enter in alpha-numeric format. Do Not use formulas in the cells.
7. Please submit your completed EXCEL spreadsheets and a copy of the Contact Information sheet via e-mail to Brad Henderson at [medmal@iid.iowa.gov](mailto:medmal@iid.iowa.gov). The EXCEL spreadsheets may be zipped via WinZip program if too large for e-mail.
8. The report is due June 1, 2009.
9. If you have any questions, feel free to e-mail or call Brad Henderson at [brad.henderson@iid.iowa.gov](mailto:brad.henderson@iid.iowa.gov), 515-242-5300.

## **DEFINITIONS**

**Admitted Insurance Company** – An insurer who has been licensed by the insurance department within the state to write specific lines of business.

**Allocated Loss Adjustment Expenses** – Expenses attributable to a particular claim (direct defense and cost containment expenses).

**Calendar Year** – January 1 through December 31.

**Claim** – A formal or written demand for compensation under a medical malpractice insurance policy relating to allegations of liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

**Closed Claim** – A claim for which no further action is expected; final payment if any has been made. Report all claims closed within the reporting period regardless the date they were reported to the company.

**Deductible** – An amount of money set within a policy that must be paid by an insured before the insurer is liable for any payments.

**Direct Business** – Policies written by an insurer without consideration of reinsurance.

**Loss Reserve** – The liability established to pay for a claim.

**Paid Losses (Indemnity Payment)** – Losses, but not expenses, paid to a claimant to close a claim.

**Lawsuit** – A complaint filed in any court in Iowa alleging liability on the part of one or more providers for any act, error, or omission in the rendering of, or failure to render medical services for medically related injuries.

**Limit of Insurance** – The maximum amount an insurer will pay as set forth in a contract of insurance.

**Open Claim** – A claim for which further action is expected; the final payment has not been completed. Report all claims opened at the end of the calendar year regardless the date they were filed.

**Reinsurance** – Insurance coverage for the risks covered by other insurance companies.

**Reopened Claim** – A claim that had been closed, but for some reason, needs further action or payment.

**Reserves** – The liability set up to pay for a claim when the claim is ultimately closed. Reserves may be established for potential loss payments and allocated loss adjustment expenses separately or combined.

**Reserves for Payment of Claims Incurred and Reported but not Disposed** – The liability set up to pay for a claim when the claim is ultimately closed. Report reserves on all open claims during the calendar year that continue to be open at year-end.

**Self Insurance** – Covering the risk of loss of one's self or company.

**Subrogation** – Reimbursement by a party responsible for a payment to another party that had paid the amount.

### **ALLEGED INJURY**

Please classify each claim by the following severity of injury types.

- Emotional Only (e.g. fright, no physical damage)
- Temporary – Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)
- Temporary – Minor (e.g. infections, fracture, fall in hospital; recovery delayed)
- Temporary – Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)
- Permanent – Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries)
- Permanent – Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
- Permanent – Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
- Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
- Death
- Other / Unknown (e.g. injury was not apart of the list above, data was not captured or maintained)

**MEDICAL MALPRACTICE INSURANCE  
CLOSED AND OPEN CLAIM REPORT  
CONTACT INFORMATION**

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Please complete the following and submit with your spreadsheets.

Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

I have provided all relevant and accurate closed claim data for the medical malpractice line of business for this data call. To the best of my knowledge, the information provided for this company is true and accurate as of December 31, 2008.

Person Responsible for Data Call: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

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**We thank you for your prompt attention to this matter!**

*The Iowa Insurance Division*

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## Medical Malpractice Insurance Closed Claim Report

### Policy

- (col. A) 1. Policy Limits: \_\_\_\_\_  
(col. B) 2. Deductible: \_\_\_\_\_  
(col. C) 3. Self-Insured Retention: \_\_\_\_\_

### Defendant

- (col. D) 4. Profession or Institution (select one most applicable):
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 Physician    | <input type="checkbox"/> 6 Dentist                     | <input type="checkbox"/> 11 Clinic/Corporation |
| <input type="checkbox"/> 2 Surgeon      | <input type="checkbox"/> 7 Family/General Practitioner | <input type="checkbox"/> 12 Home Health        |
| <input type="checkbox"/> 3 Nurse        | <input type="checkbox"/> 8 Pharmacist                  | <input type="checkbox"/> Other/Unknown: _____  |
| <input type="checkbox"/> 4 Technician   | <input type="checkbox"/> 9 Hospital                    |  |
| <input type="checkbox"/> 5 Chiropractor | <input type="checkbox"/> 10 Nursing Home               |  |

- (col. E) 5. Medical Provider Specialty (select one most applicable):
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 Allergy/Immunology | <input type="checkbox"/> 10 Neurology             | <input type="checkbox"/> 19 Radiology           |
| <input type="checkbox"/> 2 Anesthesiology     | <input type="checkbox"/> 11 Obstetrics/Gynecology | <input type="checkbox"/> 20 Chiropractic        |
| <input type="checkbox"/> 3 Cardiology         | <input type="checkbox"/> 12 Ophthalmology         | <input type="checkbox"/> 21 Dentistry           |
| <input type="checkbox"/> 4 Dermatology        | <input type="checkbox"/> 13 Orthopedics           | <input type="checkbox"/> 22 Pharmacy            |
| <input type="checkbox"/> 5 Emergency Medicine | <input type="checkbox"/> 14 Pathology             | <input type="checkbox"/> 23 Hospital            |
| <input type="checkbox"/> 6 Family Practice    | <input type="checkbox"/> 15 Pediatrics            | <input type="checkbox"/> 24 Healthcare Facility |
| <input type="checkbox"/> 7 Gastroenterology   | <input type="checkbox"/> 16 Plastic Surgery       | <input type="checkbox"/> 25 Clinic/Corporation  |
| <input type="checkbox"/> 8 General Surgery    | <input type="checkbox"/> 17 Podiatry              | <input type="checkbox"/> 26 Physician Assistant |
| <input type="checkbox"/> 9 Internal Medicine  | <input type="checkbox"/> 18 Psychiatry            | <input type="checkbox"/> 27 Physical Therapy    |
|   |   | <input type="checkbox"/> Other/Unknown: _____   |

- (col. F) 6. Total number of defendants involved in claim including defendant for which report made: \_\_\_\_\_

### Claim

- (col. G) 7. Date injury occurred (MM/DD/YYYY): \_\_\_\_\_  
(col. H) 8. Date injury was reported to insurer (MM/DD/YYYY): \_\_\_\_\_  
(col. I) 9. Date claim was opened (MM/DD/YYYY): \_\_\_\_\_  
(col. J) 10. Date claim was reopened, if applicable (MM/DD/YYYY): \_\_\_\_\_  
(col. K) 11. Date claim was closed (MM/DD/YYYY): \_\_\_\_\_

### Injured Person

- (col. L) 12. Sex of Injured Person: ☐ 1 Male ☐ 2 Female  
(col. M) 13. Injured Person's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

### Alleged Injury

- (col. N) 14. Alleged Cause of Loss:
- |  |   |
|--|---|
| <input type="checkbox"/> 1 Failure to Diagnose/Monitor/Treat         | <input type="checkbox"/> 11 Post-Operative Complications                          |
| <input type="checkbox"/> 2 Misdiagnosis                              | <input type="checkbox"/> 12 Treatment Related Cause                               |
| <input type="checkbox"/> 3 Delay in Diagnosis                        | <input type="checkbox"/> 13 Pregnancy or Birth Related Problems                   |
| <input type="checkbox"/> 4 Incorrect Medication                      | <input type="checkbox"/> 14 Lack of Informed Consent or Failure to Obtain Consent |
| <input type="checkbox"/> 5 Lack of Monitoring Medication             | <input type="checkbox"/> 15 Diseases/Medical Condition                            |
| <input type="checkbox"/> 6 Side Effect of Medication                 | <input type="checkbox"/> 16 Wrong Diagnosis                                       |
| <input type="checkbox"/> 7 Lack of Supervision or Control            | <input type="checkbox"/> 17 Fracture/Fall   |
| <input type="checkbox"/> 8 Inappropriate/Improper Surgical Procedure | <input type="checkbox"/> 18 Inappropriate Procedure                               |
| <input type="checkbox"/> 9 Unnecessary Surgical Procedure            |   |
| <input type="checkbox"/> 10 Instrument/Sponge Left after Surgery     | <input type="checkbox"/> Other/Unknown: _____                                     |

- (col. O) 15. Severity of Injury:
- |  |
|--|
| <input type="checkbox"/> 1 Emotional Only (e.g. fright, no physical damage)  |
| <input type="checkbox"/> 2 Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)               |
| <input type="checkbox"/> 3 Temporary - Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed)            |
| <input type="checkbox"/> 4 Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)   |
| <input type="checkbox"/> 5 Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |
| <input type="checkbox"/> 6 Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)      |

7	Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
8	Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
9	Death
	Other/Unknown

### Claim Disposition

(col. P)

16. Final Method of Claim Disposition:

1	Settled
4	Denied

2	Disposed of by a Court
5	Closed Without Payment

3	Arbitration
6	Notice Only
	Other (specify): _____

### Claim Payments

*Amounts should include only those paid by you on behalf of this insured/defendant under this policy.  
All payments should be reported net of subrogation.*

(col. Q)

17. Total Losses (Indemnity Benefits) Paid:

\$ \_\_\_\_\_

*Report lines a-c only if the data is captured.*

(col. R)

a Total Compensatory Payments (if declared):

\$ \_\_\_\_\_

(col. S)

b Punitive Damages (if declared):

\_\_\_\_\_

(col. T)

c Plaintiff Attorney Fees (if declared):

\_\_\_\_\_

(col. U)

18. Total Allocated Loss Adjustment Expenses Paid:

\$ \_\_\_\_\_

(Direct Defense and Cost Containment Expenses)

(col. V)

a Loss Adjustment Expense paid to defense counsel:

\$ \_\_\_\_\_

(col. W)

b All other Allocated Loss Adjustment Expenses Paid:

\_\_\_\_\_

(col. X)

19. Additional payments made within six (6) months after disposition:

\$ \_\_\_\_\_

## Medical Malpractice Insurance Open Claim Report

### Policy

- (col. A) 1. Policy Limits: \_\_\_\_\_  
(col. B) 2. Deductible: \_\_\_\_\_  
(col. C) 3. Self-Insured Retention: \_\_\_\_\_

### Defendant

- (col. D) 4. Profession or Institution (select one most applicable):
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1 Physician    | <input type="checkbox"/> 6 Dentist                     | <input type="checkbox"/> 11 Clinic/Corporation |
| <input type="checkbox"/> 2 Surgeon      | <input type="checkbox"/> 7 Family/General Practitioner | <input type="checkbox"/> 12 Home Health        |
| <input type="checkbox"/> 3 Nurse        | <input type="checkbox"/> 8 Pharmacist                  | <input type="checkbox"/> Other/Unknown: _____  |
| <input type="checkbox"/> 4 Technician   | <input type="checkbox"/> 9 Hospital                    |  |
| <input type="checkbox"/> 5 Chiropractor | <input type="checkbox"/> 10 Nursing Home               |  |

- (col. E) 5. Medical Provider Specialty (select one most applicable):
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> 1 Allergy/Immunology | <input type="checkbox"/> 10 Neurology             | <input type="checkbox"/> 19 Radiology           |
| <input type="checkbox"/> 2 Anesthesiology     | <input type="checkbox"/> 11 Obstetrics/Gynecology | <input type="checkbox"/> 20 Chiropractic        |
| <input type="checkbox"/> 3 Cardiology         | <input type="checkbox"/> 12 Ophthalmology         | <input type="checkbox"/> 21 Dentistry           |
| <input type="checkbox"/> 4 Dermatology        | <input type="checkbox"/> 13 Orthopedics           | <input type="checkbox"/> 22 Pharmacy            |
| <input type="checkbox"/> 5 Emergency Medicine | <input type="checkbox"/> 14 Pathology             | <input type="checkbox"/> 23 Hospital            |
| <input type="checkbox"/> 6 Family Practice    | <input type="checkbox"/> 15 Pediatrics            | <input type="checkbox"/> 24 Healthcare Facility |
| <input type="checkbox"/> 7 Gastroenterology   | <input type="checkbox"/> 16 Plastic Surgery       | <input type="checkbox"/> 25 Clinic/Corporation  |
| <input type="checkbox"/> 8 General Surgery    | <input type="checkbox"/> 17 Podiatry              | <input type="checkbox"/> 26 Physician Assistant |
| <input type="checkbox"/> 9 Internal Medicine  | <input type="checkbox"/> 18 Psychiatry            | <input type="checkbox"/> 27 Physical Therapy    |
|   | <input type="checkbox"/> Other/Unknown: _____     |   |

- (col. F) 6. Total number of defendants involved in claim including defendant for which report made: \_\_\_\_\_

### Claim

- (col. G) 7. Date injury occurred (MM/DD/YYYY): \_\_\_\_\_  
(col. H) 8. Date injury was reported to insurer (MM/DD/YYYY): \_\_\_\_\_  
(col. I) 9. Date claim was opened (MM/DD/YYYY): \_\_\_\_\_  
(col. J) 10. Date claim was reopened, if applicable (MM/DD/YYYY): \_\_\_\_\_

### Injured Person

- (col. K) 11. Sex of Injured Person: ☐ 1 Male ☐ 2 Female  
(col. L) 12. Injured Person's Date of Birth (MM/DD/YYYY): \_\_\_\_\_

### Alleged Injury

- (col. M) 13. Alleged Cause of Loss:
- |  |   |
|--|---|
| <input type="checkbox"/> 1 Failure to Diagnose/Monitor/Treat         | <input type="checkbox"/> 11 Post-Operative Complications                          |
| <input type="checkbox"/> 2 Misdiagnosis                              | <input type="checkbox"/> 12 Treatment Related Cause                               |
| <input type="checkbox"/> 3 Delay in Diagnosis                        | <input type="checkbox"/> 13 Pregnancy or Birth Related Problems                   |
| <input type="checkbox"/> 4 Incorrect Medication                      | <input type="checkbox"/> 14 Lack of Informed Consent or Failure to Obtain Consent |
| <input type="checkbox"/> 5 Lack of Monitoring Medication             | <input type="checkbox"/> 15 Diseases/Medical Condition                            |
| <input type="checkbox"/> 6 Side Effect of Medication                 | <input type="checkbox"/> 16 Wrong Diagnosis                                       |
| <input type="checkbox"/> 7 Lack of Supervision or Control            | <input type="checkbox"/> 17 Fracture/Fall   |
| <input type="checkbox"/> 8 Inappropriate/Improper Surgical Procedure | <input type="checkbox"/> 18 Inappropriate Procedure                               |
| <input type="checkbox"/> 9 Unnecessary Surgical Procedure            | <input type="checkbox"/> Other/Unknown: _____                                     |
| <input type="checkbox"/> 10 Instrument/Sponge Left after Surgery     |   |
- (col. N) 14. Severity of Injury:
- |  |
|--|
| <input type="checkbox"/> 1 Emotional Only (e.g. fright, no physical damage)  |
| <input type="checkbox"/> 2 Temporary - Insignificant (e.g. lacerations, contusions, minor scars, rash; no delay)               |
| <input type="checkbox"/> 3 Temporary - Minor (e.g. infections, misset fracture, fall in hospital; recovery delayed)            |
| <input type="checkbox"/> 4 Temporary - Major (e.g. surgical material left, drug side effect, brain damage; recovery delayed)   |
| <input type="checkbox"/> 5 Permanent - Minor (e.g. loss of fingers, loss or damage to organs; includes non-disabling injuries) |



<input type="checkbox"/> 6	Permanent - Significant (e.g. deafness, loss of limb, loss of eye, loss of one kidney or lung)
<input type="checkbox"/> 7	Permanent - Major (e.g. paraplegia, blindness, loss of two limbs, brain damage)
<input type="checkbox"/> 8	Grave (e.g. quadriplegia, severe brain damage, lifelong care or fatal prognosis)
<input type="checkbox"/> 9	Death
<input type="checkbox"/>	Other/Unknown

**(col. O)** 15. Total Losses (Indemnity Benefits) Paid: \$ \_\_\_\_\_

**(col. P)** 16. Total Allocated Loss Adjustment Expenses Paid: \$ \_\_\_\_\_  
(Direct Defense and Cost Containment Expenses)

**(col. Q)** 17. Amount Reserved for Payment of Claims Incurred and Reported but not Disposed: \_\_\_\_\_  
*Loss reserve amounts should exclude any amounts for deductibles or self-insured retentions.*  
*Reserve amount should be that in excess of any payments made; not a total incurred amount.*